



REQUISITION FOR HEPATITIS C VIRUS TESTING

Sexually Transmitted and Bloodborne Infections
Hepatitis C Virus Testing Section
National Microbiology Laboratory
1015 Arlington Street, Winnipeg, MB R3E 3R2
Telephone: (204) 789-5063 / (204) 789-2018

SENDER INFORMATION

NAME: _____

ADDRESS: _____

CITY: _____

PROVINCE: _____

POSTAL CODE: _____

TELEPHONE: _____

FAX: _____

PATIENT INFORMATION

PATIENT INITIALS: _____

DATE OF BIRTH (YYYY-MM-DD): _____

SEX M F

CITY: _____

PROVINCE: _____

MEDICAL HEALTH #: _____

OTHER INFORMATION: _____

SPECIMEN INFORMATION

SPECIMEN REF #: _____

DATE TAKEN (YYYY-MM-DD): _____

DATE OF DISEASE ONSET(YYYY-MM-DD): _____

SERUM PLASMA WHOLE BLOOD STOOL

ADDITIONAL INFORMATION

TEST REQUESTED

URGENT*

*For urgent samples, prior contact with laboratory required.

Check applicable test:

MOLECULAR DETECTION OR GENOTYPING

HCV DETECTION

HCV RESISTANCE TESTING

HCV GENOTYPING

CLINICAL HISTORY

CLINICAL DIAGNOSIS, SYMPTOMS: _____

RISK FACTORS; TRAVEL HISTORY: _____

COMMENTS: _____

TREATMENT FOR HBV OR HCV: YES NO

SPECIFY HBV OR HCV TREATMENT: _____

LAB RESULT

HEPATITIS C	POS	NEG
ANTI-HCV	<input type="radio"/>	<input type="radio"/>
HCV RNA (PCR)	<input type="radio"/>	<input type="radio"/>
HCV VIRAL LOAD		_____